

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 7/12/05

2 Serial/Patent # 10/520375

3 Please refund the following fee(s):

- |                                     |                                   |
|-------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> | Filing                            |
| <input type="checkbox"/>            | Amendment                         |
| <input type="checkbox"/>            | Extension of Time                 |
| <input type="checkbox"/>            | Notice of Appeal/Appeal           |
| <input type="checkbox"/>            | Petition                          |
| <input type="checkbox"/>            | Issue                             |
| <input type="checkbox"/>            | Cert of Correction/Terminal Disc. |
| <input type="checkbox"/>            | Maintenance                       |
| <input type="checkbox"/>            | Assignment                        |
| <input type="checkbox"/>            | Other                             |

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT

1

1/5/05

\$ 100

\$

\$

\$

\$

\$

\$

\$

\$

\$

7 TOTAL AMOUNT  
OF REFUND

\$ 100

10 REASON:

- |                                     |                           |
|-------------------------------------|---------------------------|
| <input checked="" type="checkbox"/> | Overpayment               |
| <input type="checkbox"/>            | Duplicate Payment         |
| <input type="checkbox"/>            | No Fee Due (Explanation): |

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9 

1	3	--	3	0	8	0
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11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: A Johnson

SIGNATURE: A Johnson

TITLE: paralegal

PHONE: 308-9740

OFFICE: PCT

\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY: \*\*\*\*\*

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B